



General Assembly

January Session, 2021

Raised Bill No. 1030

LCO No. 4720



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING LONG-TERM CARE FACILITIES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2021*) (a) As used in this section
2 and sections 2 to 12, inclusive, of this act, "long-term care facility" means
3 a nursing home, as defined in section 19a-521 of the general statutes, a
4 residential care home, as defined in section 19a-521 of the general
5 statutes, a home health agency, as defined in section 19a-490 of the
6 general statutes, an assisted living services agency, as defined in section
7 19a-490 of the general statutes, an intermediate care facility for
8 individuals with intellectual disability, as described in 42 USC 1396d(d),
9 except any such facility operated by a Department of Developmental
10 Services' program subject to background checks pursuant to section 17a-
11 227a of the general statutes, a chronic disease hospital, as defined in
12 section 19a-550 of the general statutes, or an agency providing hospice
13 care which is licensed to provide such care by the Department of Public
14 Health or certified to provide such care pursuant to 42 USC 1395x.

15 (b) Each long-term care facility shall employ a full-time infection
16 prevention and control specialist who shall be responsible for the

17 following:

18 (1) Ongoing training of all employees of the long-term care facility on
19 infection prevention and control using multiple training methods,
20 including, but not limited to, in-person training and the provision of
21 written materials in English and Spanish;

22 (2) The inclusion of information regarding infection prevention and
23 control in the documentation that the long-term care facility provides to
24 residents regarding their rights while in the facility;

25 (3) Participation as a member of the long-term care facility's infection
26 prevention and control committee; and

27 (4) The provision of training on infection prevention and control
28 methods to supplemental or replacement staff of the long-term care
29 facility in the event an infectious disease outbreak or other situation
30 reduces the facility's staffing levels.

31 Sec. 2. (NEW) (*Effective October 1, 2021*) The administrative head of
32 each long-term care facility shall participate in the development of the
33 emergency plan of operations of the political subdivision of this state in
34 which it is located which is required pursuant to the Intrastate Mutual
35 Aid Compact made and entered into under section 28-22a of the general
36 statutes.

37 Sec. 3. (NEW) (*Effective October 1, 2021*) (a) Not later than six months
38 after the termination of a public health emergency declared by the
39 Governor pursuant to section 19a-131a of the general statutes, (1) the
40 Department of Public Health shall have and maintain at least a three-
41 month stockpile of personal protective equipment, including, but not
42 limited to, gowns, masks, full-face shields, goggles and disposable
43 gloves as a barrier against infectious materials, for use by long-term care
44 facilities, and (2) the administrative head of each long-term care
45 shall ensure that the facility acquires from the department and
46 maintains at least a three-month supply of personal protective
47 equipment for its staff. The administrative head of each long-term care

48 facility shall ensure that the personal protective equipment is of various
49 sizes based on the needs of the facility's staff. The personal protective
50 equipment (A) shall not be shared amongst the facility's staff, and (B)
51 may only be reused in accordance with the strategies to optimize
52 personal protective equipment supplies in health care settings
53 published by the National Centers for Disease Control and Prevention.
54 The administrative head of each long-term care facility shall hold
55 quarterly fittings of his or her staff for N95 masks or higher rated masks
56 certified by the National Institute for Occupational Safety and Health.

57 (b) On or before January 1, 2022, the Department of Emergency
58 Management and Homeland Security, in consultation with the
59 Department of Public Health, shall establish a process to evaluate,
60 provide feedback on, approve and distribute personal protective
61 equipment for use by long-term care facilities in a public health
62 emergency.

63 Sec. 4. (NEW) (*Effective October 1, 2021*) The administrative head of
64 each long-term care facility shall ensure that there is at least one staff
65 member during each shift who is licensed or certified to start an
66 intravenous line.

67 Sec. 5. (NEW) (*Effective October 1, 2021*) Each long-term care facility's
68 infection prevention and control committee shall meet (1) at least
69 monthly, and (2) during an outbreak of an infectious disease, daily,
70 provided daily meetings do not cause a disruption to the operations of
71 the facility, in which case the committee shall meet at least weekly. The
72 prevention and control committee shall be responsible for establishing
73 infection prevention and control protocols for the long-term care
74 facility. Not less than biannually and after every outbreak of an
75 infectious disease in the facility, the prevention and control committee
76 shall evaluate the implementation and analyze the outcome of such
77 protocols.

78 Sec. 6. (NEW) (*Effective October 1, 2021*) On or before January 1, 2022,
79 every administrator and supervisor of a long-term care facility shall

80 complete the Nursing Home Infection Preventionist Training course
81 produced by the National Centers for Disease Control and Prevention
82 in collaboration with the Centers for Medicare and Medicaid Services.

83 Sec. 7. (NEW) (*Effective October 1, 2021*) Each long-term care facility
84 shall, during an outbreak of an infectious disease, test staff and residents
85 of the facility for the infectious disease at a frequency determined by the
86 Department of Public Health as appropriate based on the circumstances
87 surrounding the outbreak and the impact of testing on controlling the
88 outbreak.

89 Sec. 8. (NEW) (*Effective October 1, 2021*) On or before January 1, 2022,
90 the administrative head of each long-term care facility shall facilitate the
91 establishment of a family council to encourage and support open
92 communication between the facility and each resident's family members
93 and friends. As used in this section, "family council" means an
94 independent, self-determining group of the family members and friends
95 of a long-term care facility's residents that is geared to meeting the needs
96 and interests of the residents and their family members and friends.

97 Sec. 9. (NEW) (*Effective October 1, 2021*) (a) On or before January 1,
98 2022, the administrative head of each long-term care facility shall (1)
99 ensure that each resident's care plan addresses (A) the resident's
100 potential for isolation, ability to interact with family members and
101 friends and risk for depression, (B) how the resident's social and
102 emotional needs will be met, and (C) measures to ensure that the
103 resident has regular opportunities for in-person and virtual visitation,
104 (2) disclose the facility's visitation protocols, any changes to such
105 protocols and any other information relevant to visitation in a form and
106 manner that is easily accessible to residents and their family members
107 and friends, (3) advise residents and their family members and friends
108 of their right to seek redress with the Office of the Long-Term Care
109 Ombudsman under section 17a-410 of the general statutes when the
110 resident or a family member or friend of the resident believes the facility
111 has not complied with its visitation protocols, and (4) establish a
112 timeline by which the facility will ensure the safe and prompt

113 reinstatement of visitation following the termination of the public health
114 emergency declared by the Governor in response to the COVID-19
115 pandemic and a program to monitor compliance with such timeline. As
116 used in this section "COVID-19" means the respiratory disease
117 designated by the World Health Organization on February 11, 2020, as
118 coronavirus 2019, and any related mutation thereof recognized by the
119 World Health Organization as a communicable respiratory disease.

120 (b) On or before January 1, 2021, the administrative head of each long-
121 term care facility shall ensure that its staff is educated regarding (1) best
122 practices for addressing the social, emotional and mental health needs
123 of residents, and (2) all components of person-centered care.

124 Sec. 10. (NEW) (*Effective October 1, 2021*) On or before January 1, 2022,
125 the Department of Public Health shall establish an essential caregiver
126 program for implementation by each long-term care facility. The
127 program shall (1) set forth visitation requirements for essential
128 caregivers of long-term care facility residents, and (2) require the same
129 infection prevention and control training and testing standards for an
130 essential caregiver of a resident of the facility that are required for the
131 facility's staff. As used in this section "essential caregiver" means a
132 person deemed critical, as determined by a long-term care facility, to the
133 daily care and emotional well-being of a resident of the facility.

134 Sec. 11. (*Effective from passage*) On or before October 1, 2021, the Public
135 Health Preparedness Advisory Committee established pursuant to
136 section 19a-131g of the general statutes shall amend the plan for
137 emergency responses to a public health emergency prepared pursuant
138 to said section to include a plan for emergency responses to a public
139 health emergency in relation to long-term care facilities and providers
140 of community-based services to residents of such facilities.

141 Sec. 12. (NEW) (*Effective from passage*) (a) On and after July 1, 2021,
142 each long-term care facility shall permit a resident to use a
143 communication device, including a cellular phone, tablet or computer,
144 in his or her room, in accordance with the requirements established

145 under subsection (b) of this section, to remain connected with their
146 family members and friends and to facilitate the participation of a
147 resident's family caregiver as a member of the resident's care team.

148 (b) On or before June 30, 2021, the Commissioner of Public Health
149 shall (1) establish requirements regarding the use of communication
150 devices by long-term care facility residents under subsection (a) of this
151 section to ensure the privacy of other long-term care facility residents,
152 and (2) communicate such requirements to each long-term care facility.

153 Sec. 13. (NEW) (*Effective October 1, 2021*) (a) As used in this section,
154 "nursing home" means (1) any chronic and convalescent nursing home
155 or any rest home with nursing supervision that provides nursing
156 supervision under a medical director twenty-four hours per day, or (2)
157 any chronic and convalescent nursing home that provides skilled
158 nursing care under medical supervision and direction to carry out
159 nonsurgical treatment and dietary procedures for chronic diseases,
160 convalescent stages, acute diseases or injuries.

161 (b) On or before January 1, 2022, the Department of Public Health
162 shall (1) establish minimum staffing level requirements for nursing
163 homes of at least four and one-tenth hours of direct care per resident,
164 including three and three-quarter hours of care by a registered nurse,
165 fifty-four hundredth hours of care by a licensed practical nurse and two
166 and eighty-one hundredth hours of care by a certified nurse's assistant,
167 (2) modify staffing level requirements for social work and recreational
168 staff of nursing homes such that the requirements are lower than the
169 current requirements, as deemed appropriate by the Commissioner of
170 Public Health, and (3) eliminate the distinction between a chronic and
171 convalescent nursing home and a rest home, as defined in section 19a-
172 490 of the general statutes, as such distinction relates to nursing
173 supervision, for purposes of establishing a single, minimum direct
174 staffing level requirement for all nursing homes.

175 (c) On and after January 1, 2022, each nursing home shall offer its staff
176 the option to work twelve-hour shifts.

177 (d) The commissioner shall adopt regulations in accordance with the
178 provisions of chapter 54 of the general statutes that set forth nursing
179 home staffing level requirements to implement the provisions of this
180 section.

181 Sec. 14. (NEW) (*Effective October 1, 2021*) (a) For purposes of this
182 section: (1) "Ombudsman" means the Office of the Long-Term Care
183 Ombudsman established pursuant to section 17a-405 of the general
184 statutes; (2) "electronic monitoring" means the placement and use of an
185 electronic monitoring device by a nonverbal resident or his or her
186 resident representative in the resident's room or private living unit in
187 accordance with this section; (3) "electronic monitoring device" means a
188 camera or other device that captures, records or broadcasts audio, video,
189 or both, and may offer two-way communication over the Internet that
190 is placed in a nonverbal resident's room or private living unit and is
191 used to monitor the nonverbal resident or activities in the room or
192 private living unit; (4) "nursing home facility" has the same meaning as
193 provided in section 19a-490 of the general statutes; (5) "nonverbal
194 resident" means a resident of a nursing home facility who is unable to
195 verbally communicate due to physical or mental conditions, including,
196 but not limited to, Alzheimer's disease and dementia; and (6) "resident
197 representative" means (A) a court-appointed guardian, (B) a health care
198 representative appointed pursuant to section 19a-575a of the general
199 statutes, or (C) a person who is not an agent of the nursing home facility
200 and who is designated in a written document signed by the nonverbal
201 resident and included in the resident's records on file with the nursing
202 home facility.

203 (b) A nonverbal resident or his or her resident representative may
204 install an electronic monitoring device in the resident's room or private
205 living unit provided: (1) The purchase, installation, maintenance,
206 operation and removal of the device is at the expense of the resident, (2)
207 the resident and any roommate of the resident, or the respective resident
208 representatives, sign a written consent form pursuant to subsection (c)
209 of this section, (3) the resident or his or her resident representative
210 places a clear and conspicuous note on the door of the room or private

211 living unit that the room or private living area is subject to electronic
212 monitoring, and (4) the consent form is filed with the nursing home
213 facility not less than seven days before installation of the electronic
214 monitoring device except as provided in subsection (e) of this section.

215 (c) No electronic monitoring device shall be installed in a nonverbal
216 resident's room or living unit unless the resident and any roommate of
217 the resident, or a resident representative, has signed a consent form that
218 includes, but is not limited to:

219 (1) (A) The signed consent of the nonverbal resident and any
220 roommate of the resident; or (B) the signed consent of a resident
221 representative of the nonverbal resident or roommate if the nonverbal
222 resident or roommate lacks the physical or mental capacity to sign the
223 form. If a resident representative signs the consent form, the form must
224 document the following:

225 (i) The date the nonverbal resident or any roommate was asked if the
226 resident or roommate wants electronic monitoring to be conducted;

227 (ii) Who was present when the nonverbal resident or roommate was
228 asked if he or she consented to electronic monitoring;

229 (iii) An acknowledgment that the nonverbal resident or roommate
230 did not affirmatively object to electronic monitoring; and

231 (iv) The source of the authority allowing the resident representative
232 of the nonverbal resident or roommate to sign the consent form on
233 behalf of the nonverbal roommate or resident.

234 (2) A waiver of liability for the nursing home facility for any breach
235 of privacy involving the nonverbal resident's use of an electronic
236 monitoring device, unless such breach of privacy occurred because of
237 unauthorized use of the device or a recording made by the device by
238 nursing home facility staff.

239 (3) The type of electronic monitoring device to be used.

240 (4) A list of conditions or restrictions that the nonverbal resident or
241 any roommate of the resident may elect to place on the use of the
242 electronic monitoring device, including, but not limited to: (A)
243 Prohibiting audio recording, (B) prohibiting video recording, (C)
244 prohibiting broadcasting of audio or video, (D) turning off the electronic
245 monitoring device or blocking the visual recording component of the
246 electronic monitoring device for the duration of an exam or procedure
247 by a health care professional, (E) turning off the electronic monitoring
248 device or blocking the visual recording component of the electronic
249 monitoring device while the nonverbal resident or any roommate of the
250 resident is dressing or bathing, and (F) turning off the electronic
251 monitoring device for the duration of a visit with a spiritual advisor,
252 ombudsman, attorney, financial planner, intimate partner or other
253 visitor to the nonverbal resident or roommate of the resident.

254 (5) An acknowledgment that the nonverbal resident, roommate or the
255 respective resident representative shall be responsible for operating the
256 electronic monitoring device in accordance with the conditions and
257 restrictions listed in subdivision (4) of this subsection unless the
258 resident, roommate or the respective resident representative have
259 signed a written agreement with the nursing home facility under which
260 nursing home facility staff operate the electronic monitoring device for
261 this purpose. Such agreement may contain a waiver of liability for the
262 nursing home facility related to the operation of the device by nursing
263 home facility staff.

264 (6) A statement of the circumstances under which a recording may be
265 disseminated.

266 (7) A signature box for documenting that the nonverbal resident or
267 roommate of the resident, or the respective resident representative, has
268 consented to electronic monitoring or withdrawn consent.

269 (d) The ombudsman, within available appropriations, shall make
270 available on the ombudsman's Internet web site a downloadable copy
271 of a standard form containing all of the provisions required under

272 subsection (c) of this section. Nursing home facilities shall (1) make the
273 consent form available to nonverbal residents and inform such residents
274 and the respective resident representatives of their option to conduct
275 electronic monitoring of their rooms or private living units, (2) maintain
276 a copy of the consent form in the nonverbal resident's records, and (3)
277 place a notice in a conspicuous place near the entry to the nursing home
278 facility stating that some rooms and living areas may be subject to
279 electronic monitoring.

280 (e) Notwithstanding subdivision (4) of subsection (b) of this section,
281 a nonverbal resident or his or her resident representative may install an
282 electronic monitoring device without submitting the consent form to a
283 nursing home facility if: (1) The nonverbal resident or the resident
284 representative (A) reasonably fears retaliation against the nonverbal
285 resident by the nursing home facility for recording or reporting alleged
286 abuse or neglect of the resident by nursing home facility staff, (B)
287 submits a completed consent form to the ombudsman, and (C) submits
288 a report to the ombudsman, the Commissioner of Social Services, the
289 Commissioner of Public Health or police, with evidence from an
290 electronic monitoring device that suspected abuse or neglect of the
291 nonverbal resident has occurred; (2) (A) the nursing home facility has
292 failed to respond for more than two business days to a written
293 communication from the nonverbal resident or his or her resident
294 representative about a concern that prompted the resident's desire for
295 installation of an electronic monitoring device, and (B) the nonverbal
296 resident or his or her resident representative has submitted a consent
297 form to the ombudsman; or (3) (A) the nonverbal resident or his or her
298 resident representative has already submitted a report to the
299 ombudsman, Commissioner of Social Services, Commissioner of Public
300 Health or police regarding concerns about the nonverbal resident's
301 safety or well-being that prompted the resident's desire for electronic
302 monitoring, and (B) the nonverbal resident or his or her resident
303 representative has submitted a consent form to the ombudsman.

304 (f) If a nonverbal resident is conducting electronic monitoring and a
305 new roommate moves into the room or living unit, the nonverbal

306 resident shall cease use of the electronic monitoring device unless and
 307 until the new roommate signs the consent form and the nonverbal
 308 resident or his or her resident representative files the completed form
 309 with the roommate's consent to electronic monitoring with the nursing
 310 home facility. If any roommate of a nonverbal resident wishing to use
 311 electronic monitoring refuses to sign the consent form, the nursing home
 312 facility shall reasonably accommodate the nonverbal resident's request
 313 to move into a private room or a room with a roommate who has agreed
 314 to consent to such monitoring, if available, not later than thirty days
 315 after the request. The nonverbal resident requesting the accommodation
 316 shall pay any difference in price if the new room is more costly than the
 317 resident's previous room.

318 (g) Subject to applicable rules of evidence and procedure, any video
 319 or audio recording created through electronic monitoring under this
 320 section may be admitted into evidence in a civil, criminal or
 321 administrative proceeding.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2021</i>	New section
Sec. 2	<i>October 1, 2021</i>	New section
Sec. 3	<i>October 1, 2021</i>	New section
Sec. 4	<i>October 1, 2021</i>	New section
Sec. 5	<i>October 1, 2021</i>	New section
Sec. 6	<i>October 1, 2021</i>	New section
Sec. 7	<i>October 1, 2021</i>	New section
Sec. 8	<i>October 1, 2021</i>	New section
Sec. 9	<i>October 1, 2021</i>	New section
Sec. 10	<i>October 1, 2021</i>	New section
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	New section
Sec. 13	<i>October 1, 2021</i>	New section
Sec. 14	<i>October 1, 2021</i>	New section

Statement of Purpose:

To implement the recommendations of the Nursing Home and Assisted Living Oversight Working Group regarding long-term care facilities and make other revisions to the long-term care facility statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]